

VERNON PARKS AND RECREATION PROGRAM REGISTRATION FORM

Completed forms with full payment included may be mailed or delivered to:

Vernon Parks and Recreation
Lottie Fisk Building (2nd Floor)
120 South Street
Vernon, CT 06066

Phone: (860) 870-3520 Fax: (860) 870-3525

Family Name: _____

Primary Household Member's Information

NAME:
ADDRESS:
TOWN:
PHONE: (H) (W)
CELL PHONE:

Secondary Household Member's Information (include address if different)

NAME:
ADDRESS:
TOWN:
PHONE: (H) (W)
CELL PHONE:

Emergency Contact (other than parent/guardian, I.e. grandparents, neighbor, etc.)

Name:	Address:	Phone:	Relation to Primary:
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Participant's Name	Male/Female	D.O.B.	Grade	Program Name	Program Number	Section/s	Dates	Fee
1)								
2)								
3)								
4)								
5)								
6)								

E-mail Address: _____

HOW TO REGISTER

- 1) Fill in the above information, any questions refer to following instructions! Family Name: This is the contact name that your family information and program history will be stored in on our computer system. Primary and Secondary Household Member's Information: The contact individuals for the household and for participants. Emergency Contact: Someone outside of your household that we can contact in the case that we cannot contact the Primary and Secondary Household members. Grade: The Grade your child is currently or just completed during the summer months. Program Name, Number, Section, and Dates: Helps to clarify the exact program that you are enrolling into.

SUMMER CAMP ADDITIONAL INFORMATION

- 1) Please circle your child/ren's swim level by depth!

Child One	No Swim	3 Feet	5 Feet	10 Feet	12 Feet
Child Two	No Swim	3 Feet	5 Feet	10 Feet	12 Feet
Child Three	No Swim	3 Feet	5 Feet	10 Feet	12 Feet

- 2) Please circle your child/ren's Bus Stop!

Henry Park/Center 375 ONLY	Center 375	Henry Park	
Newhoca/Valley Falls ONLY	Lake Street School	Valley Falls	
Does your child have permission to go home from bus alone?	YES	NO	

- 4) Camp Newhoca Only Swim Lessons! Level 1 Level 2

Donation to Skatepark Fund	
Donation to Fireworks	
Mailing List for Brochure \$3.00 / year	
Does the participants above have any special needs or medical concerns that we should be aware of? (Yes or No)	
TOTAL FEE	

The undersigned parent, guardian, or participant does grant permission to the named individual/s to participate in the Vernon Parks and Recreation Department above named program/s. The undersigned does hereby waive, absolve, indemnify, and agree to hold harmless the Town of Vernon Parks and Recreation Department, the Vernon Board of Education, and all other sponsors and supervisors of the above said program/s. As a parent or guardian of the above said participant/s, I realize there are inherent risks involved in physical activity. Pictures taken of my child may be used for publicity by the Vernon Parks and Recreation Department.

Signature of Parent/Guardian or Participant

Date